

Principles for re-introducing healthcare services – Covid-19

As the Covid-19 pandemic evolves, the focus moves from ensuring the ability to accommodate the surge in demand due to coronavirus infections towards providing the services to respond to the regular healthcare needs of the population. As in all epidemics routine care has been altered such that those with other conditions become disproportionately affected. As the ability to resume non-Covid care resumes new and evolving themes will develop which will incorporate different ways of working to take into account endemic coronavirus and to reflect positive changes in practise learned during the epidemic.

It will be crucial to consider how to provide a safe environment and care pathways for patients and staff working in different healthcare settings to provide emergency, urgent, elective and routine care within primary, community and secondary care at a time when Coronavirus infection remains a risk.

Here are six general principles regarding new pathways that will be required in order to reduce the risk of spread of coronavirus infection while Covid-19 is endemic, and improve patient confidence in the NHS, followed by elaboration of what will be required generically within each one. Individual Colleges may then choose to set out the detailed implications in their specialty:

Principle 1 – There should be clear messaging to the public stressing the need to seek medical help for serious conditions whilst encouraging appropriate self-care

Principle 2 – Patients should be offered virtual or remote care where safe and appropriate

Principle 3 – Through a shared decision making process patients should be offered evidence based alternative management options, where practical

Principle 4 – Patients must feel safe and be protected when they need to access direct healthcare in all settings

Principle 5 – Staff should be enabled, safe and protected to deliver equitable and clinically prioritised care

Principle 6 – Staff should be supported and provided with training and education that will ensure adequate preparation of current and future staff to deliver services that meet the needs of the population

Further detail of each principle

This sets out general advice and, where appropriate, specialty specific or College advice. Please note this does not claim to be a full or definitive list of information. Colleges may well have additional materials and advice will be added to and develop all the time. Check for the latest position on the relevant College or national body websites.

Principle 1 – Clear messaging that patients should seek medical help for serious conditions whilst undertaking appropriate self-care

General advice

- The Academy and Colleges made a clear [statement](#) that it is vitally important that patients and the public recognise they must continue to seek medical assistance if they have symptoms which cause concern, or they already are being treated for a serious health condition. People must be fully confident that they can, and should, seek medical assistance if they are worried about themselves or a relative.
- At the same time patients should appropriately seek “self-care” especially using authoritative sources such as NHS app and www.nhs.uk and equivalents for devolved nations as well as pharmacies

National advice:-

For patients and the public: [Gov uk/coronavirus](http://gov.uk/coronavirus)
[Scottish Government](#)
[Welsh Government coronavirus](#)
[Northern Ireland Government covid-19](#)

For clinicians: [NHS England Advice for clinicians](#)
[Health Protection Scotland](#)
[Welsh Government Health professionals](#)
[NI Department of Health and Public Health Agency](#)

Principle 2 – Patients should be offered virtual or remote care where safe and appropriate

General advice

- Only see patients face to face, where it cannot be done remotely or where it is in the patient’s interest to be seen face to face
- Reduce face to face consultations
 - Call ahead – 111, general practice receptionists, healthcare staff to advise self-care or re-direct to appointment based service
 - Pre-booked appointments/cases to be pro-actively contacted before each attendance re symptoms, need and personal preferences
 - Telephone, email, video consultations
 - Development of on-line self-care options and SDM tools
 - Third sector support

Specialty/College advice

[RCGP Remote consultation and triaging](#)

[Remote assessment in primary care BMJ](#)

[NHSE guidance on remote consultations and remote working in secondary care during the coronavirus pandemic](#)

[RCP Effective remote consultations](#)

Principle 3 –Through a shared decision making process patients should be offered evidence based alternative management options, where practical.

General advice

- All patients who are due to attend face to face clinical encounters, i.e. new or review patients in primary or secondary care, or those on waiting lists, should be offered the option to consider alternative management options, including doing nothing if appropriate
- Alternatives could be either an interim measure of a permanent alternative
- It should be made clear to patients the level of risk from both Covid-19 and generally of any treatment pathways and protocols regarding Covid-19 related risk will need to be developed including new realistic timelines for treatment
- Realistic alternatives offered – using multi-disciplinary resources

Specialty/College advice

[Choosing Wisely - Shared decision making](#)

Principle 4 – Patients must feel safe and be protected when they need to access direct healthcare in all settings

General advice

- Zoning – applied as appropriate to the care setting
 - Known and easily recognised Covid-19 red (or equivalent) zones – affected patients
 - Amber (or equivalent) zones – awaiting test results
 - Covid-19 ‘free’ green (or equivalent) zones – to maintain confidence for patients needing clinical assessment, investigations or interventions
- Environment
 - Review environments for risk of viral transfer and so ensure adequate space for social distancing within all clinical spaces – including where unscheduled care takes place
 - Clinical areas must not be expected to function above capacity or above a safe occupancy. This means that patients will need to flow through the system. Timing of scheduled appointments will need to be considered

- Co-ordinate care so that all requirements are covered in one appointment – including co-ordination of unscheduled care so that all requirements are met in a timely way that minimises length of stay.
- Review adequate surgery, diagnostic and intervention timing, space and flow
- Specific considerations – e.g. for those undergoing AGPs (air exchanges) and clear definition of an agreed group of AGPs
- Equipment availability for restoration and re-modelling – including adequate, functioning IT
- Safety of patients
 - Identify evidence-based rapid testing protocols for all hospital admissions, clinics and consultations across all care settings.
 - Testing of asymptomatic staff and patients attending Covid-19 ‘free’ zones – strategies to reduce exposure, transmission and risks of interventions must be determined
 - How often?
 - When? – on attendance? in advance?
 - Isolation policies surrounding this
 - Arrangements for any other investigations that may affect or be affected by Covid required
 - Infection Prevention & Control measures – heightened and implemented to specific protocols including adequate training for all clinical and non-clinical staff in clinical and non-clinical environments
- PPE – adequate for staff and patients with training regarding appropriate use
- Delivery of care to provide maximum benefit to the whole population -
 - Prioritise the re-institution of care based on clinical need
 - Recognise and address sources of inequality to access care that may have increased – identify ways to address
 - Recognition that productivity and throughput will be significantly impacted by safety requirements – use of PPE, infection control, personal spacing etc

Specialty/College advice

[NHSE/I Letter to service Second phase response](#)

[AOMRC Document Restoring services](#)

[RCEM Position statement Resetting Emergency Care](#)

[RCS England Recovery of surgical services](#)

[RCGP Learning - Approach to home visits](#)

[RC Ophthalmologists Reopening and redeveloping ophthalmology services](#)

[Interpreting a covid-19 test result BMJ](#)

Principle 5 – Staff should be enabled, safe and protected to deliver equitable and clinically prioritised care

General advice

- Personnel considerations
 - Risk profile of staff – age, co-morbidities BAME, pregnant,

- Availability of staff – capacity to deliver the service safely across whole pathways of care including returners and volunteers
- Cross cutting nature involving all sectors, specialties and professions and the need for investigations, lab input, anaesthetic services must be in place
- Capabilities of team members – new roles and recognition of training lapses during the re-organisation and re-deployment phase
- Welfare of staff – especially intensivists but all staff in view of recent changes and pressures
- Recognition of the impact of addressing the backlog of work on staff
- Ensuring staff take leave and utilise support facilities as required
- Identification and development of pathways that retain updated and beneficial ways of delivering care to patients but discard those that were provided for imperative rather than improvement
 - How these might require further infrastructure
 - Changes in timing to accommodate spacing, infection control measures etc
- Protection of staff
 - Infection Prevention & Control – heightened training and strict implementation of infection control procedures, including handwashing, for all clinical and non-clinical staff
 - PPE – available for staff and patients with training regarding appropriate use
 - Personal distancing for non-clinical work
 - Working from home/alternative locations where suitable – research, education, administration etc

Specialty/College advice

[AoMRC mental wellbeing](#)

[RCGP GP wellbeing](#)

[NHSE/I Supporting our people resources](#)

Principle 6 – Staff should be supported and provided with training and education that will ensure adequate preparation of current and future staff to deliver services that meet the needs of the population

General advice

- Education and training
 - Maintaining an adequate workforce for future delivery imperative
 - Improve multi-disciplinary development and training
 - Recognise new ways of delivering care to be embedded in training programmes
 - Acknowledging backlog and trainee/trainer input required with support for trainers and trainees including the time for trainers and trainees to come together, minimise training extensions and "catch up" experiences
 - Identification and delivery of new training needs to deliver virtual care and to offer expanded roles

- Use of all healthcare facilities – including independent providers where appropriate – for training and education
- New mechanisms for the delivery of education, training and assessment that are developed and approved
- Consideration of how to protect, support and incorporate education and training in the event of a further surge
- Supporting the maintenance of academic medical research and training

Specialty/College advice

[HEE Information for Trainees](#)